



ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS

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DIRECT SUPERVISION AGREEMENT FOR A LIMITED PERMIT

1. NAME OF LIMITED PERMIT APPLICANT

Last Name, First Middle (Other Names Used)

2. LIMITED PERMIT APPLICANT'S MAILING ADDRESS:

Street Address Apt/Suite# City State Zip Code

3. LIMITED PERMIT APPLICANT'S EMPLOYER MAILING ADDRESS:

Street Address Suite# City State Zip Code

4. RESPONSIBILITIES OF DIRECT SUPERVISING OCCUPATIONAL THERAPIST/LICENSED (OT/L):

- a. A Limited Permittee is an unlicensed person authorized to practice occupational therapy while under the direct supervision of an Arizona Licensed OT/L.
- b. The supervising OT/L is professionally and legally responsible for all patient care provided by the Limited Permittee and shall remain on the premise at all times while the Limited Permittee is providing occupational therapy services.
- c. All patient records, patient treatment and progress notes shall be co-signed by the OT/L.
- d. Replacement, change or adding additional OT/Ls requires that a new Direct Supervision Agreement for a Limited Permit form be completed, signed and submitted to the Board within five days of change.
- e. The OT/L shall complete, sign and mail this completed form directly to the Board.

